



Guidelines for Assisting Survivors of Sexual Abuse

2nd Edition 2007

**Office of Quality Assurance (QA)
Division of Developmental Disabilities (DDD)
Department of Mental Health, Retardation and
Hospitals (MHRH)**

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The original edition of ***Handle With C.A.R.E.*** was developed by Barbara Keenan, Office of Quality Assurance, DDD, and the Sexual Assault Incident Management (SAIM) Committee.

IMPORTANT TELEPHONE NUMBERS



**OFFICE OF QUALITY ASSURANCE
DIVISION OF DEVELOPMENTAL
DISABILITIES**

462-2629 (voice and 24 hour number)
RELAY RI TTY 711 or
1-800-745-5555 or
Voice 1-800-745-6575

Day One

**(formerly the *SEXUAL ASSAULT AND TRAUMA*
RESOURCE CENTER OF RHODE ISLAND)**

421-4100

24-HOUR VICTIMS OF CRIME HELPLINE
1-800-494-8100

**OFFICE OF THE ATTORNEY GENERAL
MEDICAID FRAUD CONTROL UNIT**
274-4400 ext 2269

YOUR LOCAL POLICE DEPARTMENT

OR 911

INTRODUCTION

National statistics tell us that at some point in their life over 80% of women with disabilities have been or will be the victim of sexual abuse.

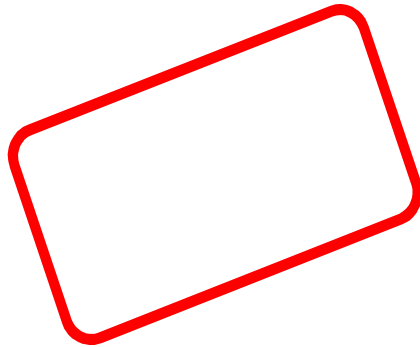
There is also a surprising number of men with disabilities (30%) who have been or will also be victims.

Research indicates that people with disabilities are more likely than other citizens to be victimized, and like many other people they may not have told anyone about it. A number of people are also unable to communicate and cannot tell us that they have been victimized.

If someone you know or work with is or has been a victim of sexual abuse, your support and concern are the most important things that you can do.

This booklet *entitled* ***"HANDLE WITH C.A.R.E."*** is intended to provide you with some general information to help you assist people with disabilities who are survivors of sexual abuse.

The words stated on the cover...



CONCERN
ATTENTION
RESPECT
EMPATHY

are the *responsive actions* we strongly suggest that you utilize in talking with any survivor. Remember the person has undergone a traumatic experience and telling another person can be very difficult.

Sometimes victims are afraid of what others will say or think about them. When a person discloses he/she may be more sensitive than usual to the messages that *you* are sending. These messages may include not only what you say but also how you react to what she/he is saying. This includes facial expressions, tone of voice and phrasing of questions.

The information contained in this booklet is intended to provide you with some specific guidance on how you can respond to a person who has been a victim of sexual abuse and how you can assist the person to work toward recovery.

Sexual Exploitation - may include, but is not limited to, causing a person to expose or touch him/herself or anyone else for the purpose of arousing or gratifying personal sexual desire, taking sexual explicit photographs, causing a person to perform sexually explicit acts, forcing a person to view pornographic materials, encouraging a person to use sexually explicit language which he/she may not fully understand, the use of harmful genital practices such as creams, enemas, etc. in order to meet the idiosyncratic needs of an offender, etc.

Confidentiality - revealing personal information about an individual with a disability to unauthorized persons or agencies without his/her consent.

Survivor - is the person who was assaulted (a day ago, year ago, or 20 years ago). “*Survivor*” emphasizes courage, respect, dignity and strength. It recognizes the struggle to overcome trauma and work toward recovery.

Victim - is the common term used to identify a person who has been subjected to sexual assault.

Perpetrator - is a term commonly interchanged with *Assailant* or *Offender* to identify the person who may have committed the sexual abuse.

Sexual Contact - is the intentional touching of the victim’s or perpetrator’s intimate parts, clothed or unclothed, if that intentional touching is without the victim’s knowledgeable consent and it can be reasonably construed as intended by the perpetrator to be for the purpose of sexual arousal, gratification, or assault.

Intimate Parts - means the person’s genital area, inner thigh, buttocks, or the breast of a female.

GLOSSARY OF TERMS



Physical Abuse - Physical Abuse may include, but is not limited to: physical assault, battery and/or actions such as hitting, slapping, biting, kicking, pinching, burning, pulling hair, strangling, shoving, punching, shaking, dragging, yanking, grabbing or pushing, and/or using more force than is necessary for the safety of the person.

Sexual Abuse - Any sexual contact, consensual or otherwise, between a person receiving services and a paid employee, consultant or contractor of the agency is always considered to be abuse. Any sexual contact between a person receiving services and an immediate blood relative is incest and considered to be sexual abuse. Any non-consensual sexual contact between a person with a disability and another person with a disability is also sexual abuse.

First Degree Sexual Assault - includes any forced or coerced intrusion, however slight, of the vagina, anus, or mouth, by part of another person's body or by an object including cunnilingus, fellatio.

Second Degree Sexual Assault - includes any forced or coerced or intentional touching or sexual contact (not penetration) clothed or unclothed, with a person's genital area, anal area, groin, buttocks, or the breasts of a female for the purpose of sexual arousal, gratification or assault.

Third Degree Sexual Assault - includes penetration where one person is 18 years of age or older and the other is over the age of 14 years, but under the age of consent (age 16 years).



The Division of Developmental Disabilities (DDD)

The Division of Developmental Disabilities (DDD), within the Department of Mental Health, Retardation and Hospitals (MHRH), is responsible for planning, providing and administering services/supports for adults with developmental disabilities and their families in Rhode Island.

Our Mission is to:

- Safeguard the well-being of people with disabilities and protect them from abuse, neglect, mistreatment and other serious incidents,
- Ensure equitable access to and allocation of available resources, and
- Enhance the quality of support so that people with disabilities can identify and move toward personal futures of inclusion and participation in community life.

The Office of Quality Assurance (QA), is an office within the Division of Developmental Disabilities that is established within RI General Laws 40.1-26-10 to:

- Assure the quality of services provided by agencies or individuals to people with developmental disabilities,
- Provide for the protection and promotion of the legal and civil rights of people with disabilities, and
- Investigate and evaluate, or cause to be investigated or evaluated reports of abuse, neglect, mistreatment and other serious types of incidents.

SIGNS AND SYMPTOMS OF SEXUAL ABUSE

Many times people who have been victimized by sexual abuse generally know the person who is the perpetrator. While some people are feeling more comfortable in coming forward immediately and talking about what happened, there are still people who are afraid to talk to someone as well as some people who are unable to communicate at all.

There are some signs and symptoms that may be indicators that sexual abuse has occurred or is going on presently, that you should be aware of. These include:

- Any type of evidence of trauma in the person's private body areas (i.e., irritation, bruises, bleeding, pain, injury, etc.)
- Any sexually transmitted disease or pregnancy
- Injury to the person's face, abdomen, thighs, or buttocks
- Any type of changes in the person's general behavior, appearance and actions such as:
 - ...*Fear, mistrust*
 - ...*Isolation*
 - ...*Extremely upset when bathed, toileted, changed, etc...*
 - ...*Unexplained crying*
 - ...*Sleep disorders—sleep/eating changes*
 - ...*Bedwetting*
 - ...*Sudden reoccurrences of old behaviors*

Note: Sometimes there are not any obvious signs of sexual abuse.

The forensic interview takes place at the Day One and is conducted by a *professional forensic interviewer* who is authorized by the Office of the Attorney General. The interview is observed through a two way mirror by a multidisciplinary team comprised of representatives from local law enforcement, the Attorney General's Office, the Office of Quality Assurance, a representative from the DD agency involved and others *on a need to know basis*.

The interview is video-taped and a copy is provided to the Attorney General's Office.

NOTE: Call the Office of Quality Assurance, DDD at 462-2629 to receive a copy of more detailed information regarding the SAIM Model.

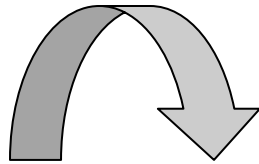
The multidisciplinary investigative team meets prior to the interview and immediately after to identify next steps in order to provide support to the victim as well as any action necessary for a criminal investigation to move forward.



The Office of Quality Assurance tracks the ongoing status of each case which does move forward for criminal prosecution and provides this information to the agency/provider involved with the victim.

- *Identifying the Office of Quality Assurance, DDD, as providing a single point of contact through which to coordinate the Sexual Assault Incident Management Model (SAIMM)*
- *Providing staff from agencies with a protocol to follow to obtain “Minimal Facts” from a person who discloses a sexual assault; and*
- *Utilizing the expertise of staff from Day One or other trained investigator to collaborate with local police departments and the Office of the Attorney General to conduct a criminal investigation and forensic interview with the victim, if necessary.*

Upon receiving a report of an alleged incident of sexual abuse, a staff person from the Office of Quality Assurance, DDD, is assigned to ensure the steps of the SAIM Model are followed and to provide ongoing support and guidance to the contact person from the agency and the DDD social caseworker throughout the whole process.



An initial police complaint stating the **Minimal Facts** can be filed by either the victim or informed staff who has *first hand knowledge of the Minimal Facts* from the victim. If the victim chooses not to go to the police station or initially speak to a police officer then the Office of Quality Assurance will contact Day One to schedule a forensic interview.

RESPONDING TO DISCLOSURES OF SEXUAL ABUSE

Keep in mind that:

- No one in your agency should conduct a *detailed interview* with the victim...only **Trained Investigators** should do this.
- Your role and responsibility is to obtain only the “**Minimal Facts**” (*Who, What, Where, When*) regarding what has happened while maintaining a supportive, non-judgmental demeanor.



It is important that you keep the following suggestions in mind if someone is disclosing to you.

Contain Your Own Emotions (*Active Listening*)

Try not to act shocked, surprised, skeptical or disgusted. Avoid giving your opinion on the situation or reacting to information as it is disclosed. Remain calm and listen closely.

Respect the Victim’s Right to Privacy

Go to a safe and quiet place for the disclosure. Arrange for other staff to provide assistance to other persons, assume your duties, answer the phone etc... so that you are not interrupted. Do not openly discuss the disclosure with others without the victim’s permission. Contain the information about the disclosure *only to people who need to know about it*. Let the victim know that there are people who you are obligated to notify and who those people are, such as staff

Support the Victim

It is important that you tell the person that:

- You believe him/her
- It is not his/her fault
- You are glad that he/she told you
- You are there to help

Validate the Victim's Feelings

If the person expresses feelings of fear, embarrassment, confusion, etc... assure him/her that these are common feelings and that you understand.



Never tell someone that he/she “*shouldn’t feel that way*”



Never challenge the person’s credibility



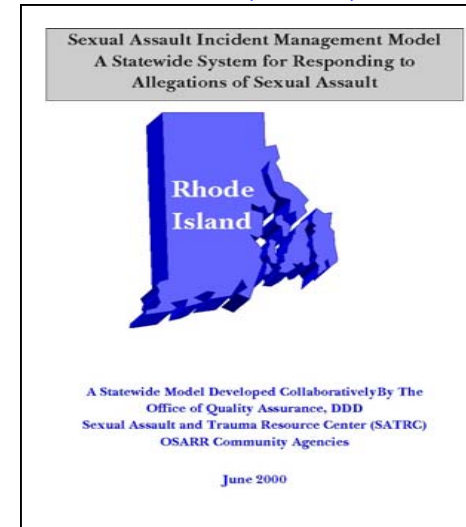
Never insinuate by questions or comments that the person would be blamed for what happened.

Curtail Your Curiosity

Let the person tell you in **his or her own words** exactly what happened. Accept vague answers, **DO NOT** press for details.

Trained Investigators and/or a professional forensic interviewer from *Day One* (formerly the *Sexual Assault and Trauma Resource Center*) should be involved as soon as possible to assist with the gathering of more detailed information. QA Staff will help to organize this process.

RI's SEXUAL ASSAULT INCIDENT MANAGEMENT (SAIM) Model



The ***Sexual Assault Incident Management Model (SAIMM)*** was finalized in June, 2000, by a statewide committee that included participants from various community agencies, advocates, the Office of Quality Assurance, DDD, and staff from Day One. The Model was developed because the system in RI for responding to allegations of sexual abuse of adults with developmental disabilities was inconsistent and not working very well. The Model was designed to replicate the process established in RI for responding to allegations of sexual abuse involving children.

The purpose of the SAIM Model is to establish a coherent and responsive process for The Office of QA and DD agencies to respond to allegations of sexual assault of adults with developmental disabilities by:

- ***Providing immediate support to the victim***
- ***Minimizing the number of times the victim has to be***

Sexual assault is something that may affect a person for the rest of her/his life, regardless of whether or not the survivor has a disability. Be as supportive to the person as you would to someone who was your own personal friend or relative.



Identify On-Going Support for the Survivor

Determine what on-going counseling or support the victim may need by talking with people who know the victim best ...*his/her family, staff from the agency, or the person's social worker from the Division of Developmental Disabilities*. Staff from Day One or the Office of Quality Assurance can also help you if you need assistance. Names and telephone numbers of therapists and support groups who provide services are available by calling the Office of Quality Assurance or the Division's social service unit.

Our primary interest is in ...







- Protecting the victim from any possible further harm.
- Ensuring the victim and family has access to on-going support if he/she needs it.
- Identifying the perpetrator of the assault and working collaboratively with law enforcement agencies that are responsible for criminal prosecution.



OBTAINING “MINIMAL FACTS”



Your questions to the person should be limited to obtaining only the “**Minimal Facts**”. This includes asking:

-  **What happened?**
-  **Where did it happen?**
-  **What City/Town?** (Important for police jurisdiction)
-  **When did it happen?** (Important for medical attention and securing the scene)
-  **Who was involved?** (Alleged perpetrator, witnes(es))
-  **NEVER ask the question “WHY” the incident occurred.** This implies blame. Ask only: “**What, Where, When, and Who**”

General Guidelines To Follow

A few guidelines to follow when conducting a *Minimal Facts Interview* are:

1. Avoid Asking Leading Or Suggestive Questions.

Ask “*Who was it?*” rather than “*Was it John?*”

2. Ask Only Open-Ended Questions.

Ask “*What happened next?*” rather than “*Did (he/she) do _____ to you?*”

3. Use Clear Language Familiar To The Victim.

Use the same terms as the person uses to describe private body parts or sexual acts. Avoid correcting grammar as long as you are certain that you are receiving the correct information.

Clarification questions may be necessary; however, phrasing is again very important. Ask, “*What do you mean by that?*” rather than “*Do you mean?*”

4. Ask Simple Questions One At A Time.

Wait for a response after each question.

Do not ask complex or run-on questions. Long or complicated questions can be confusing and frustrating for the person. This may lead to missing information simply because the person has forgotten part of the question or it may lead the discussion off on tangents.

Inappropriate questioning may jeopardize the investigation process by planting or suppressing specific thoughts in the person’s mind.

NOTE: For the benefit of the victim and to ensure a compete and competent investigation, leave the detailed questioning to people who are specifically trained and experienced in this area. Untrained individuals who might ask inappropriate questions can potentially impede the criminal investigation process that law enforcement may pursue.

physician, if informed of the purpose of such an exam, can look for evidence of sexually transmitted diseases, trauma, scarring or pregnancy.

NOTE Sometimes a person may be confused about the exact time the sexual assault may have occurred or the person may not initially disclose everything that happened so it is best to have her/him examined as quickly as possible.



Support the Victim Throughout the Investigation Process

Your support and cooperation with investigators from the Office of Quality Assurance, the police or the Attorney General’s Office can make this a much easier time for the victim. Identify someone from your agency, medical professional, staff, friend or family, with whom the victim feels comfortable and trusts, to provide support throughout the process. Often during an investigation, the victim is questioned by people who are strangers to him/her: *the police, doctors or Quality Assurance staff*. While it may not be possible for a familiar person to be present during all of the questioning or examination, it can be very reassuring to have that person available to the victim.

Listen

Be willing to let the person talk as much, as often and as long about the incident as she/he wants to. Her/his need to talk may vary from day-to-day or overall length of time.

Do not make it difficult for him/her to talk, by saying he/she should try to forget about the incident. If you feel that you can’t listen at a particular time, find someone else who can.



Seek Medical Attention Promptly

Any person who may be a victim of sexual abuse must be examined by medical personnel immediately as required by R.I. General Law 40.1-27-5.

If the alleged incident has occurred within the past 72 hours the person should be brought to the hospital as soon as possible for an examination. Hospitals are equipped for the specialized examination and sample gathering procedure involved with a ***“Sexual Assault Evidence Collection Kit”***.

(Note: Not all general physicians are familiar with or prepared to perform this procedure.)

Recommended hospitals are: **Women & Infants**, and **R. I. Hospital**. Call ahead to the hospital to let them know you are coming in order to assure privacy and expedite the examination process which will occur.

Be prepared to provide hospital personnel with the victim's medical history and other pertinent information as required.

- Bring a clean change of clothes to the hospital with you for the victim to wear home. Clothing which is worn there may be kept for evidence and added to the *“Sexual Assault Evidence Collection Kit”*.
- Be patient. The examination and procedure for a *“Sexual Assault Evidence Collection Kit”* is quite involved and will take more time than a routine exam.

If the alleged incident occurred more than 72 hours before the disclosure, regardless of the length of time elapsed, medical attention is still a must! A qualified



WHAT DO I DO NEXT?

After you have listened to the victim and insured his/her immediate safety from any further potential harm, the following steps should be taken in every case of alleged sexual abuse.

What The Victim Needs To Know

Whenever possible it is important that the person be involved in decisions about what to do and what actions she/he wants to take next. If the person has a legal guardian, then that individual must be involved in this process. If the victim is his/her own guardian then the decision to inform family members is up to him/her.

Identify a person who the victim knows well and trusts to talk with him/her and explain things so that the victim can make informed decisions. This person should tell the victim step by step what will happen next and be as direct as possible about police involvement and medical exam.

Report What You Know Immediately to Your Supervisor

You need to contact your supervisor immediately to report what happened.



Your supervisor can then take whatever steps are necessary to protect the person from further harm, take personnel action if the suspected perpetrator is an employee and to assist you with what should happen next.

Separate The Victim And The Alleged Perpetrator

Every effort must be made by administrative staff to separate the victim from the alleged perpetrator for the duration of the investigation. By preventing contact, the victim's safety is insured, the accused is protected from further allegations and the possibility of jeopardizing the investigation outcome due to witness intimidation or coercion is minimized.

Do Not Disturb Any Physical Evidence

For incidents which may have occurred within the last 72 hours the person should not bathe, brush his/her teeth or rinse his/her mouth. His/her clothes should not be changed or laundered until after he/she has been examined by the proper authorities.



If clothes have been changed but not laundered, they along with any bedding or other items from the immediate scene should be secured and not disturbed, until the police can collect this as evidence.



The police are trained to gather clothing, bedding and other possible evidence carefully and place them in paper evidence bags. They will handle these as little as possible, without shaking or folding because microscopic evidence could be lost.

NOTE: In the event that the police cannot collect the physical evidence please speak to the staff person assigned from the Office of Quality Assurance as to how to proceed.

Duty To Report



According to R.I. Law 40.1-27, any incident of abuse, neglect, mistreatment or serious incident, must be reported to the Office of Quality Assurance, DDD, within 24 hours or by the end of the next business day. You or your supervisor must make this report by calling **462-2629** (voice) or RELAY RI TTY 711 and speaking directly to a Quality Assurance staff person. If you are calling after regular work hours the voice message will include a pager or cell phone number for you to call in order to reach a QA Administrator. The Q.A. staff will provide you guidance and direction regarding:

- Specific action to be taken to implement the *Sexual Assault Incident Management Model (SAIMM)*
- Procedures for informing the police
- Process for seeking medical attention
- Resources for assisting the victim

The staff person involved in the disclosure should follow the internal policies of the agency for notification of administrative staff regarding Serious Incidents.

Advocate Assistance

If you would like support from a *trained advocate*, contact Day One, (formerly the Sexual Assault and Trauma Resource Center of Rhode Island), at **421-4100** or Victims of Crime Helpline at **1-800-494-8100** 24 hours a day.

Advocates from Day One are available to answer your questions and to assist you in helping the victim at any time of the day or night if you need assistance. Trained advocates are available to meet the victim at the hospital or police station and provide support and information throughout the entire process.